DEC 28 2005

PTO/SB/21 (09-Q4)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/690,340 Filing Date October 21, 2003 TRANSMITTAL First Named Inventor FORM Mikhail Godkin Art Unit 2832 (to be used for all correspondence after initial filing) **Examiner Name** Bernard Rojas Attorney Docket Number 351999-991310 Total Number of Pages In This Submission 20 **ENCLOSURES** (Check all that apply) Fee Transmittel Form After Allowance Communication to TC Drawing(s) Appeal Communication to Board of Appeals and Interferences Fee Attached Licensing-related Papers Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Provisional Application After Final Proprietary Information Affidavits/declaration(s) Status Letter Power of Attorney, Revocation Change of Correspondence Address Other Enclosure(s) (please Identify Extension of Time Request – 3 months Terminal Disclaimer below): Request for Refund Express Abandonment Request Information Disclosure Statement CD, Number of CD(s) Landscape Table on CD Certified Copy of Priority Document(s) Remarks The Commissioner is hereby authorized to charge any deficiencies in fees Response to Missing Parts/ Incomplete Application and credit any overpayment of fees to Deposit Account No. 07-1896, A duplicate page is enclosed. Response to Missing Parts under 37 CFR 1.52 or 1.53 Customer No. 29585 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name DLA Piper Rudnick Gray Cary US LLP 153 Townsend Street, Suite 800 San**y**Francisco, CA 94107<u>-1</u>957 Signature MALK Dellemu Printed name Gerald T. Sekimura, Telephone 415-836-2500 Date December 28, 2005 Reg. No. 30,103 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. FAX 1-571-273-8300 Signature Typed or printed name Gerardo Ubau Date 12-23-2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Fees pursuent to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005 | | | | Complete If Known | | | | |
|--|------------------------|------------------------|-----------------|-------------------------------|-------------------|---------------------------|----------------|--|
| | | | | Application Number 10/690,340 | | | | |
| | | | | Filing Date | October 21, 2003 | | | |
| | | | | First Named Inventor | Mikhail Godkin | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | Examiner Name | Bernard Roja | lernard Rojas | | | |
| | | | | Art Unit | 2832 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,020 | | | | Attorney Docket No. | 351999-991310 | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | | |
| Deposit Account Deposit Account Number: 07-1896 Deposit Account Name: DLA Piper Rudnick Gray Cary US LLP | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | |
| Charge fee(s) Indicated below Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public, Credit card Information and authorization on PTO-2038. | | | | | | | | |
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | |
| FILING FEES SEARCH FEES EXAMINATION FEES | | | | | | | | |
| Application Type | | mall Entity | | Small Entity | | all Entity | | |
| Utility | <u>Fee (\$)</u> 300 | <u>Fee (\$)</u> 150 | Fee (\$) 500 | <u>Fee (\$)</u> 250 | Fee (\$) <u>1</u> | ee (\$) 100 | Fees Pald (\$) | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 - | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 707 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 - | | |
| 2. EXCESS CLAIM FEES Small Entity | | | | | | | | |
| Fee Description | | | | | | Fee (\$) | Fee (\$) | |
| Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissucs) | | | | | | 50 | 25 | |
| Multiple dependent claims | | | | | | 200 360 | 100 180 | |
| Total Claims | | | | <u>s Paid (\$)</u> | <u>Mul</u> | tiple Depen | ident Claims | |
| - 20 or HF HP = highest number of total of | | XX | | | | <u>Fee (\$)</u> | Fee Paid (\$) | |
| Indep. Claims | Extra Clai | |) Fee | s Paid (\$) | | | • | |
| -3 or HP | | x | =_ | | | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | |
| 4. OTHER FEE(S) (round up to a whole number) x Fee Paid (\$) | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | |
| Other (e.g., late filing surcharge): Petition For Three Month Extension of Time to Respond 1,020 | | | | | | | | |
| SUBMITTED BY | | | | | | | | |
| Signature Suska Sukkersur Registration No. 30,103 (Attorney/Agent) | | | | | | Telephone (415) 836-2500 | | |

Name (Print/Type) Gerald T. Sekimura Date December 28, 2005

This collection of Information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerca, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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